
EVALUATOR MANUAL TRANSMITTAL SHEET

Distribution:

☐ All Child Care Evaluator Manual Holders
☐ All Residential Care Evaluator Manual Holders
☒ All Evaluator Manual Holders

Transmittal No.**08APX-08****Date Issued**

November 2008

Subject:

Appendix C

Estimated SSI/SSP Payment Standards effective January 1, 2009

Reason for Change:

To incorporate the new SSI/SSP Payment Standards into the Appendix Section (APX C)

Filing Instructions:

REMOVE – Estimated SSI/SSP Payment Standards effective January 1, 2008

INSERT – New Estimated SSI/SSP Payment Standards effective January 1, 2009

Approved:*Original signed by Tom Stahl***11/30/08****THOMAS STAHL Chief**

Date

Policy Development Bureau

Community Care Licensing Division

Contact Person: Debbie Fox

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	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE 1/ (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP
<u>INDIVIDUAL:</u>												
AGED OR DISABLED	907.00	674.00	233.00	683.34	449.34	234.00	856.34	449.34	407.00	1,086.00	674.00	412.00
- without cooking facilities (RMA) 2/	991.00	674.00	317.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND	972.00	674.00	298.00	764.34	449.34	315.00	856.34	449.34	407.00	1,086.00	674.00	412.00
DISABLED MINOR												
- living with parents(s)	793.00	674.00	119.00	557.34	449.34	108.00						
- living with non-parent relative or non-relative guardian							856.34	449.34	407.00	1,086.00	674.00	412.00
<u>COUPLE:</u>												
AGED OR DISABLED												
- per couple	1,579.00	1,011.00	568.00	1,269.66	674.00	595.66	1,719.66	674.00	1,045.66	2,172.00	1,011.00	1,161.00
- without cooking facilities (RMA) 2/	1,747.00	1,011.00	736.00	N/A	N/A	N/A	N/A	NA	N/A	N/A	N/A	N/A
BLIND												
- per couple	1,806.00	1,011.00	795.00	1,496.66	674.00	822.66	1,719.66	674.00	1,045.66	2,172.00	1,011.00	1,161.00
BLIND/AGED OR DISABLED												
- per couple	1,721.00	1,011.00	710.00	1,410.66	674.00	736.66	1,719.66	674.00	1,045.66	2,172.00	1,011.00	1,161.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total	\$50	\$100
SSI	30	60
SSP	20	40

1/ NON-MEDICAL OUT-OF-HOME CARE

Personal and Incidental Needs Maximum:	\$221	Minimum:	\$125
Care and Supervision Minimum:	\$400	Maximum:	\$495
Board and Room:	\$466		\$466

2/ RMA - Restaurant Meals Allowance - \$84 Individual; \$168 Couple